

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N49806  
1. Corporation Name  
**NON SECURE DETENTION HOME, INC.**

Principal Place of Business Mailing Address  
**20401 N.W. 2nd AVENUE, SUITE 106  
MIAMI, FLORIDA 33169**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT** 98

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	5/92
5. FEI Number	650376863
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
D/PRESIDENT	ANNIE HORNE	20401 N.W. 2ND AVENUE	MIAMI, FLORIDA 33169
VICE PRESIDENT	CYNTHIA MOORE	20401 N.W. 2nd AVENUE	MIAMI, FLORIDA 33169
D/TREASURER	ALFRED MILES	20401 N.W. 2ND AVENUE	MIAMI, FLORIDA 33169
SECRETARY	MAMIE FLOYD	20401 N.W. 2nd AVENUE	MIAMI, FLORIDA 33169
DIRECTOR	PENNY MOORE	20401 N.W. 2ND AVENUE	MIAMI, FLORIDA 33169

8. Name and Address of Current Registered Agent

**PENNY MOORE**  
**19320 EAST OAKMONT DR.**  
**MIAMI, FL. 33015**

9. Name and Address of New Registered Agent

Name **PENNY MOORE**  
Street Address (P.O. Box Number is Not Acceptable)  
**19320 EAST OAKMONT DR.**  
Suite, Apt. #, Etc.

City **MIAMI FLORIDA** State **FL** Zip Code **33015**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

\*Signature of Registered Agent **Penny M Moore**  
REGISTERED AGENT MUST SIGN

Date **11-2-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Annie C. Horne**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-2-98** Daytime Phone # **305-653-3271**

CR2040 (1/98)